



Needham Public Health Department

1471 Highland Avenue, Needham, MA 02492 781-455-7500 ext. 511
www.needhamma.gov/health 781-455-0892 (fax)



Tanning Facility Application

Massachusetts General Law Chapter III

Establishment:

Name _____

Address _____

Phone Number _____

Owner:

Name _____

Address _____

Phone Number _____

List below the manufacturer, model number, model year, serial number (if available) and type of each ultraviolet lamp or tanning device located within the facility:

List below the name and address of the tanning device supplier, installer, date of installation of each tanning device, and service agent:



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New Establishment - \$

Tanning Devices [First device \$ each additional device \$]

Number of Booths _____ Fee _____

I hereby apply for a license to operate a Tanning Facility as required under MGL, Chapter 111, Section 208. I have received, read and understand the requirements of the Tanning Facilities 105 CMR 123.000.

Name of Applicant

Signature of Applicant

Date

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

**Social Security Number
or Federal Identification
Number**

**Signature of Individual
or Corporate Name**

**By: _____
Corporate Officer
(if applicable)**

Attach a copy of the consent form used by the facility in fulfilling the requirements of 105 CMR 123.012 (D) (2) and (3).

Attach a copy of the operating and safety procedures to be followed in the operation of the facility and tanning devices.